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Medtronic

Medtronic Trading NL B.V.
Postbus 2542
6401 DA Heerlen
Tel: 045-5668800
Fax: 045-5668276

Heerlen, 10 March 2015

Leids Universitair Medisch Centrum
For the attention of [REDACTED]
PO Box 9600
2300 RC Leiden

Dear [REDACTED]

At our request you have kindly agreed to participate in the CRS Symposium which will be held in Figi Zeist- The Netherlands on 19-20 March 2015 and to give a presentation on Friday February 20th.

As compensation for the above we will pay you an honorarium of EUR 800,00 which will be transferred to your bank account following the meeting and upon receipt of a copy of your presentation.

In accordance with Medtronic's expense reimbursement policies, we shall cover the following costs for your participation in the above event:

- Travel costs
- Lodging (max 1 night)
- Meals (for the duration of the event)

If not directly paid by Medtronic, such expenses will be reimbursed upon your submission of the original receipts. Please note that any additional hotel costs, such as minibar, telephone, expenses for accompanying persons (double occupancy) or for an extension of your stay cannot be organized or reimbursed by Medtronic.

You shall own all copyrights to materials created by you and which are distributed or otherwise presented during the meeting. However, you agree that you will grant to Medtronic an unlimited, perpetual, worldwide and royalty free license to use, copy and distribute such copyrighted materials in any medium. Medtronic agrees to include the following legend in any reprints: Reprinted with the permission of [REDACTED]

In addition, you agree that Medtronic wishes to receive the information presented by you on a non-confidential basis so we can use your advice and suggestions in our process of developing and improving our products. We ask that you do not disclose to Medtronic any ideas that you consider confidential or proprietary. Accordingly, we are free to use your comments and suggestions in our products. Should you wish to disclose an idea to Medtronic in confidence, it must be the subject of a separate agreement.





Medtronic
Alleviating Pain-Restoring Health-Extending Life

We would like to receive your feedback on a non-confidential basis so we can use your advice and suggestions in our process of developing and improving our products. We ask that you do not disclose to Medtronic any ideas that you consider confidential or proprietary. Accordingly, we are free to use your comments and suggestions in our products. Should you wish to disclose an idea to Medtronic in confidence, it must be the subject of a separate agreement.

You agree that you will not disclose Medtronic information which is identified as confidential to any third party or use the information for any purpose other than your work with Medtronic. Of course, this does not apply to any information to the extent it becomes publicly available through no fault of yours, is released to the public by Medtronic in writing, is lawfully received by you from a third party, or is information you previously knew or developed independent of receipt of the information from Medtronic.

You shall take all necessary steps to cover your liability arising from the performance of your duties under this Agreement, which shall include but not be limited to the following: 1) any insurance/indemnity granted by your own employer; 2) your own professional liability insurance; 3) any insurance/indemnity granted by the medical institution where the duties under this Agreement will be performed.

You shall be liable for your own negligence and mistakes while performing the duties under this Agreement and shall indemnify and hold harmless Medtronic, its directors, officers, employees, agents and representatives, from all claims and proceedings, including any costs thereof, brought by any third party against Medtronic and any of its affiliates arising out of and to the extent caused by your negligence or mistake.

If you agree to the above mentioned arrangement, may we ask you to please sign this letter in the space provided below, to submit it to your medical institution administration or employer for signature, and return a signed original to our office.

We would like to state that this Agreement does not create any obligation or expectation for you or your medical institution to use, promote or purchase Medtronic products.

We greatly appreciate your willingness to share with us your insights and the benefit of your experience. Only by partnering with and learning from experts like you can Medtronic design and develop medical devices, which continually improve our patients' quality of life.

Yours sincerely,

MEDTRONIC TRADING NVB.V.

PHYSICIAN

Date: 12-06-2015

Date: 19-06-2016



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Alleviating Pain • Restoring Health • Extending Life

MEDICAL INSTITUTION/EMPLOYER

Leids Universitair Medisch Centrum has reviewed, and hereby approves and authorizes, each and all of the terms and provisions of this Agreement. The individual signing below represents and agrees that he/she is authorized to sign this Agreement as a representative of, and on behalf of Leids Universitair Medisch Centrum.

By: _____

Title: _____

Signature: _____

Date: _____

By accepting the above arrangement, Medical Institution and Physician agree that Medtronic may store in a global electronic database for its ongoing and future processing and use, contract and administrative information, including personal data (name, address, etc.) in relation to Medica/Institution and Physician. Medica/Institution and Physician further agree that such information may be provided to other Medtronic entities, including Medtronic, Inc. in the United States and to any appropriate regulatory authority, consistent with Medtronic's obligations to same.

REQUEST FOR REIMBURSEMENT OF EXPENSES

CRS Symposium
Figi Zelst - The Netherlands
19-20 March 2015

Leids Universitair Medisch Centrum
For the attention of [REDACTED]
PO Box 9600
2300 RC Leiden

If expenses are to be reimbursed under this Agreement, please complete the information below and forward this request to our office together with your original receipts:

Expenses:

Mileage (EUR 0.29 per km):

..... €

Total:

===== €

Bank details:

Account holder:

[REDACTED]

Account number:

[REDACTED]

Bank:

[REDACTED]

IBAN Code:

[REDACTED]